

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

10/527027

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ **2 Serial/Patent #** _____

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

	7 TOTAL AMOUNT OF REFUND	\$
--	---------------------------------	----

8 TO BE REFUNDED BY:											
<input type="checkbox"/>	Treasury Check										
<input type="checkbox"/>	Credit Deposit A/C #:										
9	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

10 REASON:

<input type="checkbox"/>	Overpayment
<input type="checkbox"/>	Duplicate Payment
<input type="checkbox"/>	No Fee Due (Explanation):

02 FC:1632 - 500.00 OP

11 REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: _____ **TITLE:** _____

SIGNATURE: _____ **PHONE:** _____

OFFICE: _____

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**